

Fill in this information to identify the case:

Debtor name Laguna Dana Urgent Care Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13090

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule 20 Largest Unsecured Creditors & Matrix
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 25, 2017

X /s/ Dr. Robert C. Amster

Signature of individual signing on behalf of debtor

Dr. Robert C. Amster

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Laguna Dana Urgent Care Inc.**
United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**
Case number (if known): **8:17-bk-13090**

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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders - FIRST AMENDED

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Access Medical Management 2325 W. Victory Blvd. Suite #1 Burbank, CA 91506		Business Debt				\$67,244.10
Amber Jo Payne 33751 Oldbridge Road Dana Point, CA 92629		Unpaid wages/salary				\$2,633.99
Atul N. Sharma 424 15th Street, #2801 San Diego, CA 92101		Unpaid wages/salary				\$2,095.49
Continental Maintenance, Inc. 13318 Mapledale Street Norwalk, CA 90650		Business Debt				\$4,440.00
Cox Communications P.O. Box 53280 Phoenix, AZ 85072		Utilities				\$2,256.23
Jennifer Amster 822 E Lomita Avenue Orange, CA 92867		Unpaid wages/salary				\$1,758.20
Joline Tilly 340 Ashton Drive Laguna Beach, CA 92651		Business Debt				\$7,500.00
Joselle P. Peralta 8160 Orangewood Avenue, #4 Stanton, CA 90680		Unpaid wages/salary				\$2,392.99

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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Kirsten Fick 8 Malaquita Coto De Caza, CA 92679		Unpaid wages/salary				\$2,296.72
Les A. Mershon 8712 N Magnolia Avenue, #232 Santee, CA 92071		Unpaid wages/salary				\$2,165.85
Medline Dept. LA 21558 Pasadena, CA 91185		Business Debt				\$8,360.87
Monarch Beach Promenade 24040 Camino Del Avion Dana Point, CA 92629		Business Debt				\$12,256.36
Preferred Property Maintenance 5 Holland #123 Irvine, CA 92618		Business Debt				\$2,034.84
Provider Healthcare, LLC 4252 South Highland Drive Suite 104 Salt Lake City, UT 84124		Business Debt				\$3,561.71
PSS World Medical, Inc. P.O. Box 749499 Los Angeles, CA 90074		Business Debt				\$8,529.71
Robert Amster, M.D. 32 Drakes Bay Drive Corona Del Mar, CA 92625		Unpaid wages/salary				\$4,769.97
Sean Murphy 22861 Royal Adelaide Drive Murrieta, CA 92562		Unpaid wages/salary				\$2,340.18
Shannon Sohn 3660 Vista Campana N, #21 Oceanside, CA 92057		Unpaid wages/salary				\$2,653.57
The New Answernet 4778 Dewey Drive Fair Oaks, CA 95628-4401		Business Debt				\$1,656.00

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known) **8:17-bk-13090**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Xerox Corporation P.O. Box 650361 Dallas, TX 75265-0361		Business Debt				\$3,712.72

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

In re Cypress Urgent Care, Inc., Case No. 8:17-bk-13089-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).

In re Hoag Urgent Care - Anaheim Hills, Inc., Case No. 8:17-bk-13080-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).

In re Hoag Urgent Care - Huntington Harbour, Inc., Case No. 8:17-bk-13078-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).

In re Hoag Urgent Care - Orange, Inc., Case No. 8:17-bk-13079-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).

In re Hoag Urgent Care - Tustin, Inc., Case No. 8:17-bk-13077-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Tustin, California, California.

/s/ Dr. Robert C. Amster

Dr. Robert C. Amster

Signature of Debtor

Date: August 25, 2017

Signature of Joint Debtor

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United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

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☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 559,548.89
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 559,548.89

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,509,753.73
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 36,991.35
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 129,654.41
4. Total liabilities Lines 2 + 3a + 3b	\$ 1,676,399.49

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
\$100.00

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Pacific Enterprise Bank

Checking Account

9023

\$17,447.82

3.2. Opus Bank

Checking Account

7857

\$22,506.89

3.3. Pacific Enterprise Bank

Checking Account

8959

\$3,776.58

3.4. Union Bank

Checking Account
(Receiver's Account)

4576

\$19,480.50

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$63,311.79

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Security Deposit for Office Rent** **\$10,000.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$10,000.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 301,892.17 - 0.00 = **\$301,892.17**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 144,019.93 - 0.00 = **\$144,019.93**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$445,912.10

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				

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Various Medical, Drug, and Office Supplies	<u>07/31/2017</u>	<u>Unknown</u>	<u>Comparable sale</u>	<u>\$20,000.00</u>
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23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$20,000.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☒ Yes. Book value 2570 Valuation method Current Value 1500

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture Miscellaneous Desks, File Cabinets, Magazine Rack, Office Furnishings, Chairs, Tables, Breakroom Equipment, Lamps, Bookcases, Reception Furniture, Frame(s), Decorative Items, etc.	<u>Unknown</u>	<u>Comparable sale</u>	<u>\$1,350.00</u>
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40. **Office fixtures**

41. Office equipment, including all computer equipment and communication systems equipment and software Miscellaneous Computers, Computers Equipment, Printer(s), Scanner(s), Compauter Software(s), Telephone(s), and Telephone System(s).	<u>Unknown</u>	<u>Comparable sale</u>	<u>\$1,665.00</u>
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1 CR System for Printing X-Rays (Fuji, FCR Capsula XL II)	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$5,000.00</u>
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2 Exam Room Tables (Midmark, Ritter 108)	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$100.00</u>
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<u>2 Exam Room Stretchers (Midmark, 535)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$350.00</u>
<u>1 Autoclave (Midmark, M11 Ultraclave)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$100.00</u>
<u>2 Hanging Examination Lights -Single (Midmark, Ritter 355 -028)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$500.00</u>
<u>1 X-Ray Table (Tingle X-Ray, Transworld A802; 13-C2M-64; SN: 960404)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$8,000.00</u>
<u>6 Otoscope / Ophthalmoscope Systems (Welch Allyn, 76710)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$600.00</u>
<u>1 Baby Scale (Midmark, Baby Scale)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$50.00</u>
<u>1 Eye Examination Station with Power Table Top (Con SL-1E; PS11A Power Supply)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$850.00</u>
<u>3 Stationary Exam Room Tables (Midmark, Stationary Exam Room Table)</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$250.00</u>
<u>1 Urine Analyzer (Welch Allyn, 120 Urine Analyzer)</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$25.00</u>
<u>1 Vitals Monitor with Stand (Welch Allyn, Vitals Monitor with Stand)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$100.00</u>
<u>1 Portable Defibrillator (AED) (Cardiac Science, Portable Powerheart AED G3)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$150.00</u>
<u>1 Digital Scale (Health-o-Meter, Digital Scale)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$25.00</u>
<u>1 ECG Monitoring System with Stand & Table (Welch Allyn, ECG Monitoring System)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$100.00</u>
<u>1 Refrigerator</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$180.00</u>
<u>1 Washer / Dryer Pair</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$180.00</u>
<u>1 High / Low Exam Table (Brewer, High / Low Exam Table / Chair)</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$250.00</u>
<u>Other Miscellaneous Medical Equipment</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$500.00</u>

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

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43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$20,325.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☐ No
☒ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**
Customers List

Unknown

Unknown

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☐ No
☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

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69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*
The Debtor is in the process of engaging a forensic tax accountant to analyze the prior tax returns and financials for each of the Debtors from inception to present. In the event that this analysis demonstrates that there are additional funds transferred between any of the Debtors and/or affiliated entities, the respective Schedules B and F will be amended, as necessary and appropriate.

Unknown

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$63,311.79</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$10,000.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$445,912.10</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$20,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$20,325.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$559,548.89</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$559,548.89</u>

Fill in this information to identify the case:

Debtor name **Laguna Dana Urgent Care Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:17-bk-13090**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Cardinal Health <small>Creditor's Name</small> 7000 Cardinal Place Dublin, OH 43017 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred July 2014 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All business assets, including goods, equipment, inventory, accounts, chattel paper, etc. UCC-1 (14-7418867965) Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown

2.2	General Electric Capital Corp. <small>Creditor's Name</small> One Beacon Street 2nd Floor Boston, MA 02108 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred March 2008 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Assets, including all equipment, inventory, investment property, cash and deposit accounts, fixtures, etc. UCC-1 (08-7150464742) Describe the lien Non-Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	Unknown
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Debtor **Laguna Dana Urgent Care Inc.**

Case number (if know)

8:17-bk-13090

Name

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 Opus Bank

Creditor's Name

**19900 MacArthur Blvd.,
12th Floor
Irvine, CA 92612**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

September 2013

Last 4 digits of account number

0180

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**All inventory, equipment, accounts, chattel
paper, instruments - UCC-1 (Doc. No.
13-7380725167)**

\$1,313,778.15

Unknown

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Opus Bank

Creditor's Name

**19900 MacArthur Blvd.,
12th Floor
Irvine, CA 92612**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

September 2013

Last 4 digits of account number

0182

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**All inventory, equipment, accounts, chattel
paper, instruments - UCC-1 (Doc. No.
13-7380725167)**

\$195,975.58

Unknown

Describe the lien

Line of Credit

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,509,753.7
3

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if know) **8:17-bk-13090**

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Buchalter, a Prof. Corporation Attention: Barry A. Smith 1000 Wilshire Blvd., Suite 1500 Los Angeles, CA 90017-2457	Line <u>2.3</u>	
Buchalter, a Prof. Corporation Attention: Barry A. Smith 1000 Wilshire Blvd., Suite 1500 Los Angeles, CA 90017-2457	Line <u>2.4</u>	
David Stapleton 515 So. Flower St., 36th Floor, Los Angeles, CA 90071	Line <u>2.3</u>	
David Stapleton 515 So. Flower St., 36th Floor, Los Angeles, CA 90071	Line <u>2.4</u>	
Newport Healthcare Center LLC Attention: Sandy Smith One Hoag Drive P.O. Box 6100 Newport Beach, CA 92658-6100	Line <u>2.3</u>	
Newport Healthcare Center LLC Attention: Sandy Smith One Hoag Drive P.O. Box 6100 Newport Beach, CA 92658-6100	Line <u>2.4</u>	
Nicastro & Associates, P.C. 2 Park Plaza, Suite 650 Irvine, CA 92614	Line <u>2.3</u>	
Nicastro & Associates, P.C. 2 Park Plaza, Suite 650 Irvine, CA 92614	Line <u>2.4</u>	
Opus Bank Attention: Barry Smith 1000 Wilshire Boulevard, Suite 1500 12th Floor Los Angeles, CA 90017-2457	Line <u>2.3</u>	
Opus Bank Attention: Barry Smith 1000 Wilshire Boulevard, Suite 1500 12th Floor Los Angeles, CA 90017-2457	Line <u>2.4</u>	
Pacific Enterprise Bank 17748 Skypark Circle, #100 Irvine, CA 92614	Line <u>2.3</u>	3600
Pacific Enterprise Bank 17748 Skypark Circle, #100 Irvine, CA 92614	Line <u>2.4</u>	3600

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if know) **8:17-bk-13090**

St. Joseph Health System
Attention: Tara Cowell, Esq.
3345 Michelson Drive, Suite 100
Irvine, CA 92612

Line **2.3**

St. Joseph Health System
Attention: Tara Cowell, Esq.
3345 Michelson Drive, Suite 100
Irvine, CA 92612

Line **2.4**

Tim Reimers, Esq.
2049 Century Park East, Suite 2900
Los Angeles, CA 90067

Line **2.3**

Tim Reimers, Esq.
2049 Century Park East, Suite 2900
Los Angeles, CA 90067

Line **2.4**

Fill in this information to identify the case:

Debtor name **Laguna Dana Urgent Care Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:17-bk-13090**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Amber Jo Payne 33751 Oldbridge Road Dana Point, CA 92629	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,633.99	\$2,633.99
	Date or dates debt was incurred July 16, 2017 - August 2, 2017	Basis for the claim: Unpaid wages/salary		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Angela Corning 993 Iron Horse Drive San Marcos, CA 92078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$395.60	\$395.60
	Date or dates debt was incurred July 16, 2017 - August 2, 2017	Basis for the claim: Unpaid wages/salary		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.3	Priority creditor's name and mailing address Atul N. Sharma 424 15th Street, #2801 San Diego, CA 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,095.49	\$2,095.49
	Date or dates debt was incurred July 16, 2017 - August 2, 2017	Basis for the claim: Unpaid wages/salary		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address Brigitte Mendieta 5 Tortuga Irvine, CA 92606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,651.81	\$1,651.81
	Date or dates debt was incurred July 16, 2017 - August 2, 2017	Basis for the claim: Unpaid wages/salary		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address Danielle Follweiler 3332 Florista Street Los Alamitos, CA 90720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$435.20	\$435.20
	Date or dates debt was incurred July 16, 2017 - August 2, 2017	Basis for the claim: Unpaid wages/salary		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address Faye Amster 32 Drakes Bay Drive Corona Del Mar, CA 92625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$71.20	\$71.20
	Date or dates debt was incurred July 16, 2017 - August 2, 2017	Basis for the claim: Unpaid wages/salary		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.7 Priority creditor's name and mailing address

Jana Campbell
25241 Sacul Place
Laguna Niguel, CA 92677

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$782.97**\$782.97**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.8 Priority creditor's name and mailing address

Janette Nunez
910 Paula Street
Escondido, CA 92027

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$1,431.97**\$1,431.97**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.9 Priority creditor's name and mailing address

Jennifer Amster
822 E Lomita Avenue
Orange, CA 92867

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$1,758.20**\$1,758.20**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.10 Priority creditor's name and mailing address

Jillian Piper
2942 North Sandy Beach Drive
Bay City, MI 48706

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$53.80**\$53.80**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.11	<p>Priority creditor's name and mailing address</p> <p>Joselle P. Peralta 8160 Orangewood Avenue, #4 Stanton, CA 90680</p> <hr/> <p>Date or dates debt was incurred July 16, 2017 - August 2, 2017</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid wages/salary</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,392.99	\$2,392.99
2.12	<p>Priority creditor's name and mailing address</p> <p>Kevin H. 1240 E. Ontario Ave., Suite 102-170 Corona, CA 92881</p> <hr/> <p>Date or dates debt was incurred July 16, 2017 - August 2, 2017</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid wages/salary</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$410.60	\$410.60
2.13	<p>Priority creditor's name and mailing address</p> <p>Kirsten Fick 8 Malaquita Coto De Caza, CA 92679</p> <hr/> <p>Date or dates debt was incurred July 16, 2017 - August 2, 2017</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid wages/salary</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,296.72	\$2,296.72
2.14	<p>Priority creditor's name and mailing address</p> <p>Kristin Walsh Walsh Consulting, Inc. 46 Serenity Irvine, CA 92618</p> <hr/> <p>Date or dates debt was incurred July 16, 2017 - August 2, 2017</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid wages/salary</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$205.20	\$205.20

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.15 Priority creditor's name and mailing address

Kylee Lucas
1330 East Balsam
Anaheim, CA 92805

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$439.60**\$439.60**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.16 Priority creditor's name and mailing address

Les A. Mershon
8712 N Magnolia Avenue, #232
Santee, CA 92071

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,165.85**\$2,165.85**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.17 Priority creditor's name and mailing address

Lori Strawn
1401 Reisig Road
Saginaw, MI 48604

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$119.00**\$119.00**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.18 Priority creditor's name and mailing address

Marissa Munoz
2020 W Alameda Avenue, Apt. 16
Anaheim, CA 92801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$208.60**\$208.60**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.19	Priority creditor's name and mailing address Martin Hernandez P.O. Box 10934 Santa Ana, CA 92711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,238.87	\$1,238.87
Date or dates debt was incurred July 16, 2017 - August 2, 2017		Basis for the claim: Unpaid wages/salary		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Patricia Lopez 12207 Payton Irvine, CA 92620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$376.80	\$376.80
Date or dates debt was incurred July 16, 2017 - August 2, 2017		Basis for the claim: Unpaid wages/salary		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Regina L. Petersen P.O. Box 721193 San Diego, CA 92172	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,307.10	\$1,307.10
Date or dates debt was incurred July 16, 2017 - August 2, 2017		Basis for the claim: Unpaid wages/salary		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Richard F. Prince, M.D. 11 Auvergne Newport Coast, CA 92657	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,405.69	\$1,405.69
Date or dates debt was incurred July 16, 2017 - August 2, 2017		Basis for the claim: Unpaid wages/salary		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.23 Priority creditor's name and mailing address

Robert Amster, M.D.
32 Drakes Bay Drive
Corona Del Mar, CA 92625

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,769.97**\$4,769.97**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.24 Priority creditor's name and mailing address

Sean Murphy
22861 Royal Adelaide Drive
Murrieta, CA 92562

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,340.18**\$2,340.18**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.25 Priority creditor's name and mailing address

Shadi Aghayeghazvini
26182 Sanz, #D
Mission Viejo, CA 92691

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$746.24**\$746.24**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.26 Priority creditor's name and mailing address

Shannon Sohn
3660 Vista Campana N, #21
Oceanside, CA 92057

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,653.57**\$2,653.57**

Date or dates debt was incurred

July 16, 2017 - August 2, 2017

Basis for the claim:

Unpaid wages/salary

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

Debtor **Laguna Dana Urgent Care Inc.**
Name

Case number (if known)

8:17-bk-13090

2.27	Priority creditor's name and mailing address Stephanie Leyva 4312 Cassanna Way, #204 Oceanside, CA 92057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,577.14	\$1,577.14
------	--	--	-------------------	-------------------

Date or dates debt was incurred
July 16, 2017 - August 2, 2017

Basis for the claim:
Unpaid wages/salary

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.28	Priority creditor's name and mailing address Woodrow Wilson, M.D. 24092 Atun Monarch Beach, CA 92629-4160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,027.00	\$1,027.00
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Date or dates debt was incurred
July 16, 2017 - August 2, 2017

Basis for the claim:
Unpaid wages/salary

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address A-S Medication Solutions LLC PO Box 8 Fremont, NE 68025 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$225.15
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3.2	Nonpriority creditor's name and mailing address Access Medical Management 2325 W. Victory Blvd. Suite #1 Burbank, CA 91506 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,244.10
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3.3	Nonpriority creditor's name and mailing address Action 1st Loss Prevention 32861 Dana Poplar Dana Point, CA 92629 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.62
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Debtor	Name	Case number (if known)	8:17-bk-13090
3.4	Nonpriority creditor's name and mailing address Admiral Pest Control 9434 Artesia Blvd. Bellflower, CA 90706 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.5	Nonpriority creditor's name and mailing address ADT Security Services 4161 E La Palma Ave. Anaheim, CA 92807 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,043.37
3.6	Nonpriority creditor's name and mailing address Advanced Copier Printers 16303 1/2 Piuma Ave. Cerritos, CA 90703 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.00
3.7	Nonpriority creditor's name and mailing address All Medical Personnel, LLC Attention: Ray Iturrioz 4000 Hollywood Blvd, Ste 600N Hollywood, FL 33021 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt -</u> <u>Listed for notice purposes only because no direct privity relationship</u> <u>exists with the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address All Star Recruiting P.O. Box 823424 Philadelphia, PA 19182 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620.00
3.9	Nonpriority creditor's name and mailing address ATC Healthcare Services, Inc. 75 Remittance Drive Dept 6773 Chicago, IL 60675-6773 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt -</u> <u>Listed for notice purposes only because no direct privity relationship</u> <u>exists with the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.10	Nonpriority creditor's name and mailing address Audiology Systems Dept CH 16948 Palatine, IL 60055 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.50

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3.11	Nonpriority creditor's name and mailing address Consolidated Business Services 6510 Academy Blvd., Ste. A-311 Colorado Springs, CO 80906 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,168.95
3.12	Nonpriority creditor's name and mailing address Continental Maintenance, Inc. 13318 Mapledale Street Norwalk, CA 90650 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,440.00
3.13	Nonpriority creditor's name and mailing address CorVel Corporation 10750 4th Street, Suite 100 Rancho Cucamonga, CA 91730 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.33
3.14	Nonpriority creditor's name and mailing address Cox Communications P.O. Box 53280 Phoenix, AZ 85072 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,256.23
3.15	Nonpriority creditor's name and mailing address Culligan of Santa Ana Lockbox Processing P.O. Box 2903 Wichita, KS 67201 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.60
3.16	Nonpriority creditor's name and mailing address Danielle Robins 339 Chestnut Ave. Carlsbad, CA 92008 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.17	Nonpriority creditor's name and mailing address Fire Doctor Extinguisher Company 13656 #B Red Hill Ave. Tustin, CA 92780 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

Debtor Laguna Dana Urgent Care Inc.		Case number (if known) 8:17-bk-13090
Name		
3.18	Nonpriority creditor's name and mailing address Freedom Imaging, Inc. 1401 Ball Rd., Suite E Anaheim, CA 92805 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Harris Medical Associates 1180 Satellite Blvd. Suite 200 Suwanee, GA 30024 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt -</u> <u>Listed for notice purposes only because no direct privity relationship</u> <u>exists with the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Integrity Locums P.O. Box 823424 Philadelphia, PA 19182-3424 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt -</u> <u>Listed for notice purposes only because no direct privity relationship</u> <u>exists with the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Joline Tilly 340 Ashton Drive Laguna Beach, CA 92651 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Medline Dept. LA 21558 Pasadena, CA 91185 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,360.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Meridian Building Maintenance 4220 Park Newport, Suite 410 Newport Beach, CA 92660 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$595.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.24	Nonpriority creditor's name and mailing address Mission Recruiting, LLC 3020 Saturn Street, Ste. 201 Brea, CA 92821 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt -</u> <u>Listed for notice purposes only because no direct privity relationship</u> <u>exists with the Debtor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.25	Nonpriority creditor's name and mailing address Monarch Beach Promenade 24040 Camino Del Avion Dana Point, CA 92629 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,256.36
3.26	Nonpriority creditor's name and mailing address PDR Distribution, LLC P.O. Box 2244 Williston, VT 05495 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$418.20
3.27	Nonpriority creditor's name and mailing address Preferred Property Maintenance 5 Holland #123 Irvine, CA 92618 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,034.84
3.28	Nonpriority creditor's name and mailing address Provider Healthcare, LLC 4252 South Highland Drive Suite 104 Salt Lake City, UT 84124 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,561.71
3.29	Nonpriority creditor's name and mailing address PSS World Medical, Inc. P.O. Box 749499 Los Angeles, CA 90074 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,529.71
3.30	Nonpriority creditor's name and mailing address SDGE 305 N. El Camino Real San Clemente, CA 92672 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,034.23

Debtor **Laguna Dana Urgent Care Inc.**
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3.31 Nonpriority creditor's name and mailing address **The New Answernet**
4778 Dewey Drive
Fair Oaks, CA 95628-4401
Date(s) debt was incurred 2016-2017
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,656.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Business Debt
Is the claim subject to offset? ☒ No ☐ Yes

3.32 Nonpriority creditor's name and mailing address **Thermal Combustion Innovators, Inc.**
241 W. Laurel Street
Colton, CA 92324
Date(s) debt was incurred 2016-2017
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$166.92**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Business Debt
Is the claim subject to offset? ☒ No ☐ Yes

3.33 Nonpriority creditor's name and mailing address **Weatherby Healthcare**
P.O. Box 972633
Dallas, TX 75397-2633
Date(s) debt was incurred 2016-2017
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: Business Debt -
Listed for notice purposes only because no direct privity relationship exists with the Debtor.
Is the claim subject to offset? ☒ No ☐ Yes

3.34 Nonpriority creditor's name and mailing address **Xerox Corporation**
P.O. Box 650361
Dallas, TX 75265-0361
Date(s) debt was incurred 2016-2017
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$3,712.72**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Business Debt
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 36,991.35
5b. +	\$ 129,654.41
5c.	\$ 166,645.76

Fill in this information to identify the case:

Debtor name **Laguna Dana Urgent Care Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:17-bk-13090**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**ADOC Medical Group
600 City Pkwy W #400
Orange, CA 92868**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**AETNA
1200 W. 7th Street
Suite 5
Los Angeles, CA 90017**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Allied Benefits Systems
200 West Adams Street
Suite 500
Chicago, IL 60606**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Altius Healthcare
1151 Iron Springs Road
Suite D
Prescott, AZ 86305**

Debtor 1 **Laguna Dana Urgent Care Inc.**

First Name

Middle Name

Last Name

Case number (if known)

8:17-bk-13090

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Ameri Health
1901 Market Street
Philadelphia, PA 19103**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**American Medical and Life Insurance
110 William Street
New York, NY 10038**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**AMS - American Medical Security
818 W 7th Street
Suite 930
Los Angeles, CA 90017**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**AMVI Medical Group
400 Corporate Pointe
Culver City, CA 90230**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Arta
3333 Michelson Dr.
Suite 375
Irvine, CA 92612**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Assurant Health
P.O. Box 624
Milwaukee, WI 53201**

Debtor 1 **Laguna Dana Urgent Care Inc.**

First Name

Middle Name

Last Name

Case number (if known)

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**AultCare
2600 Sixth Street
SW Sixth Street Entrance
Canton, OH 44710**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Banner Choice Plus
P.O. Box 16423
NJ 08521-1000**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Beech Street Network
25500 Commercentre Dr.
Lake Forest, CA 92630**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Blue Cross
P.O. Box 60007
Los Angeles, CA 90060**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Blue Cross Covered California
21555 Oxnard Street
Woodland Hills, CA 91367**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**Blue Cross Covered California
21555 Oxnard Street
Woodland Hills, CA 91367**

Debtor 1 **Laguna Dana Urgent Care Inc.**

First Name

Middle Name

Last Name

Case number (if known)

8:17-bk-13090

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Blue Shield of California
P.O. Box 272560
Chico, CA 95927**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/a**

List the contract number of any government contract _____

**Bristol Park
11420 Warner Ave.,
Suite 110
Fountain Valley, CA 92708**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Caloptima Direct
505 City Pkwy W
Orange, CA 92868**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Care Mark
9501 E Shea Blvd.
Scottsdale, AZ 85260**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Care More Medical Group
303 S. Union Ave.
Los Angeles, CA 90017**

Debtor 1 **Laguna Dana Urgent Care Inc.**

First Name

Middle Name

Last Name

Case number (if known)

8:17-bk-13090

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Caremore Medical Group
12898 Towne Center Drive
Cerritos, CA 90703**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Children Hospital of Orange County
1201 La Veta
Orange, CA 92868**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Choice Benefits
8665 E Shea Blvd.
Buffalo, NY 14221**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Cigna
400 N. Brand Blvd.
Glendale, CA 91203**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**CNIC Health Solutions
740 Wooten Rd.
Colorado Springs, CO 80915**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Cofinity
28588 Northwestern Hwy 380
Southfield, MI 48034**

Debtor 1 **Laguna Dana Urgent Care Inc.**

First Name

Middle Name

Last Name

Case number (if known)

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Community Claims Administrator
2922 E. Chapman Ave.
Orange, CA 92869**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**CoreSource
400 Field Drive
Lake Forest, IL 60045**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Coventry Health Care
2200 W, Orangewood Ave.
Orange, CA 92868**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Culinary Health Fund
1901 Las Vegas Blvd., S
Suite 107
Las Vegas, NV 89104**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Delta Health Systems
3244 Brookside Road
Stockton, CA 95219**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**EBA & M
3505 Cadillac Ave., O-201
Costa Mesa, CA 92626**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.34. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Federated Insurance
1700 E. Garry Ave.
Santa Ana, CA 92705**

2.35. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**First Health
6450 US Highway 1
Rockledge, FL 32955**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Gateway Medical Group
710 N. Euclid Street
Anaheim, CA 92801**

2.37. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**GEHA
P.O. Box 4665
Independence, MO 64051-4665**

2.38. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Gemcare Health Plan
4550 California Ave.
Bakersfield, CA 93309**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Genesis Medical Group
9801 Westheimer
Houston, TX 77042**

2.40. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**GHI Health Plan
P.O. BOX 3000
New York, NY 10116**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Golden Rule Insurance Company
1028 Pelican St.
Effingham, IL 62401**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Great-West Healthcare
6909 E. Greenway Pkwy
Suite 180
Scottsdale, AZ 85254**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Greater Newport Physicians
330 Placentia Ave.
Newport Beach, CA 92663**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**HCC Medical
P.O. Box 2005
Farmington, MI 48333**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Health Care Plan
1500 West Park Drive
Suite 300
Westborough, MA 01581**

2.46. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Health EOS (EOS USA Headquarters)
10971 Sun Center Drive
Rancho Cordova, CA 95670**

2.47. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Health Net
21650 Oxnard St.
Woodland Hills, CA 91367**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Health Plus
3561 Howard Avenue
Suite 205
Los Alamitos, CA 90720**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Healthcare Partners
2175 Park Place
El Segundo, CA 90245**

2.50. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**Healthcare Partners Medical Group Attn:
19191 S. Vermont Ave #200
Torrance, CA 90502**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.51. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**HealthScope
815 Colorado Blvd.
Los Angeles, CA 90041**

2.52. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Hoag Affiliated Physicians
PO Box 6025
Orange, CA 92863**

2.53. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Hoag Medical Group
5630 E. Santa Ana Canyon Road
Anaheim, CA 92807**

2.54. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Hoag Medical Group
19582 Beach Blvd.
Suite 250
Huntington Beach, CA 92648**

2.55. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Hoag Urgent Care - Anaheim Hills
5630 E. Santa Ana Canyon Road
Anaheim, CA 92807**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.56. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Humana
500 W. Main Street
Louisville, KY 40202**

2.57. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Humana
500 W. Main Street
Louisville, KY 40202**

2.58. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Lifewise Health Plan
7001 220th St. SW Bldg. 3
Mountlake Terrace, WA 98043**

2.59. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining

List the contract number of any government contract

N/A

**Mail Handlers Benefit Plan
P.O. Box 997105
Sacramento, CA 95899**

2.60. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Medical Life Insurance
915 Blvd 26
North Richland Hills, TX 76180**

2.61. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement No.W21921**

State the term remaining **N/A**

List the contract number of any

**Medicare
440 E. Middlefield Road
Mountain View, CA 94043**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.62. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Medicare Railroad
844 North Rush Street
Chicago, IL 60611**

2.63. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Medisun
1441 North 12th Street
Phoenix, AZ 85006**

2.64. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Memorial Care
17360 Brookhurst St., #160
Fountain Valley, CA 92708**

2.65. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Mid West National Life Insurance
P.O. Box 982010
North Richland, TX 76182**

2.66. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Middionary Medical
150 Social Hall Ave
Salt Lake City, UT 84111**

2.67. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**Mission Heritage
26800 Crown Valley Pkwy
Mission Viejo, CA 92691**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/a**

List the contract number of any government contract

2.68. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Mission Hospital
26732 Crown Valley Pkwy
Suite 261
Mission Viejo, CA 92691**

2.69. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Mission Hospital Affiliated Physicians
26732 Crown Valley Pkwy
Suite 261
Mission Viejo, CA 92691**

2.70. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Mission Internal Medical Group
26800 Crown Valley Pkwy
Mission Viejo, CA 92691**

2.71. State what the contract or lease is for and the nature of the debtor's interest **Lease Office Space
24060 Camino del Avion, Monarch Beach, CA 92629
Expiration Date:
August 31, 2020 with two (2) five (5) year renewal options.**

State the term remaining **Monthly Rent:
\$11,761.00
3 years**

List the contract number of any government contract

**Monarch Beach Plaza
c/o Retail Realty Fund
One Upper Newport Plaza
P.O. Box 50786
Newport Beach, CA 92660**

2.72. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

**Monarch HealthCare
Mail Station 16
11 Technology Drive
Irvine, CA 92618**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.73. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**MultiPlan
115 Fifth Avenue
New York, NY 10003**

2.74. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**MultiPlan, Inc.
Attn: Office of the President & CEO
115 Fifth Avenue
New York, NY 10003**

2.75. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**MultiPlan, Inc.
115 Fifth Avenue
New York, NY 10003**

2.76. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**MVP Healthcare
625 State Street
P.O. Box 2207
Schenectady, NY 12301**

2.77. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Myers-Stevens & Toohey & Co., Inc.
26101 Marguerite Pkwy
Mission Viejo, CA 92692**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.78. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**NGS America
1317 Portola Ave.
Spring Valley, CA 91977**

2.79. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Nippon Life Insurance
515 S. Figueroa Street
Suite 1470
Los Angeles, CA 90071**

2.80. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Noble Ama Ipa
P.O. Box 4909
Oceanside, CA 92052**

2.81. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Noble Mid Orange County
P.O. Box 4909
Oceanside, CA 92052**

2.82. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Nuestra Familia Medical Group
10780 Santa Monica Blvd.
Los Angeles, CA 90025**

2.83. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Operating Engineers Trust Funds
100 Corson St
#1
Pasadena, CA 91103**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.84. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Oxford Health Plan
P.O. Box 29135
Hot Springs National Park, AR 71903**

2.85. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Pacific Care Health System
5701 Katella Ave.
Cypress, CA 90630**

2.86. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Paramount Health Care
1901 Indian Wood Cir
Maumee, OH 43537**

2.87. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**PHCS - Private HealthCare Systems, Inc.
9701 W. Higgins Rd.
Suite 700
Rosemont, IL 60018**

2.88. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Physicians Healthways
1055 Park View Dr.
Suite 119
Covina, CA 91724**

2.89. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**Physicians Healthways (Central Health MS
1055 Park View Dr.
Suite 119
Covina, CA 91724**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.90. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Physicians' Healthways Medical Corp
1540 Bridgegate Drive , Suite 1000
Diamond Bar, CA 91765**

2.91. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Pinnacle Claims Management
15525 Sand Canyon Ave
Irvine, CA 92618**

2.92. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Planned Administrator
8906 Two Notch Rd
Columbia, SC 29223**

2.93. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Pre Existing Condition Insurance
401 Edgewater Place
Wakefield, MA 01880**

2.94. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Primary Care Associates of CA
1303 N. Avalon Blvd.
Wilmington, CA 90744**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.95. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Principal Life
711 High Street
Des Moines, IA 50392**

2.96. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Promesa Health
1100 S. San Pedro St.
Suite D05
Los Angeles, CA 90015**

2.97. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Prospect Medical Group
400 Corporate Pointe
Culver City, CA 90230**

2.98. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **50 months**

List the contract number of any government contract

**Radiant Physician Group, Inc.
18231 Irvine Blvd., Ste. 204
Tustin, CA 92780**

2.99. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Regal Medical Group
P.O. Box 371330
Reseda, CA 91337**

2.100. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Southbay Family Health Care
742 West Gardena Blvd
Gardena, CA 90247**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.101. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**St. Joseph Heritage Healthcare
c/o St. Joseph Health
Attn: Exec. Dir., Prov. Contracting
3345 Michelson Drive, Suite 100
Irvine, CA 92612**

2.102. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**St. Joseph Heritage Healthcare
c/o St. Joseph Health
Attn: Exec. Dir., Prov. Contracting
3345 Michelson Drive, Suite 100
Irvine, CA 92612**

2.103. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**St. Jude Affiliated Physicians
500 S. Main Street
Suite 600
Orange, CA 92868**

2.104. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**St. Jude Heritage
12942 Harbor Blvd.
Garden Grove, CA 92840**

2.105. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Starcare Medical Group
1920 E. 17th Street
Santa Ana, CA 92705**

2.106. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**The Loomis Company
850 N. Park Road
Reading, PA 19610**

Debtor 1 **Laguna Dana Urgent Care Inc.**

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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.107. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Three Rivers
910 Hale Place
Chula Vista, CA 91914**

2.108. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Tricare
270 32nd Street
San Diego, CA 92102**

2.109. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**UFCW Food and Commercial Workers Insuran
2220 Hyperion Ave.
Los Angeles, CA 90027**

2.110. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**UMR
11 Scott Street
Wausau, WI 54403**

2.111. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**United Health Care
14980 Sand Canyon Avenue
Irvine, CA 92618**

Debtor 1 **Laguna Dana Urgent Care Inc.**

First Name

Middle Name

Last Name

Case number (if known)

8:17-bk-13090

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.112. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Vantage
2115 Compton Ave, Suite 300
Corona, CA 92881**

2.113. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**WellComp Managed Care Services, Inc
P.O. Box 59914
Riverside, CA 92517**

2.114. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Western Growers Assurance Trust
15525 Sand Canyon
Irvine, CA 92618**

Fill in this information to identify the case:

Debtor name **Laguna Dana Urgent Care Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) **8:17-bk-13090**

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Cypress Urgent Care, Inc.** **6876 Katella Ave.**
Cypress, CA 90630

Opus Bank

☒ D **2.3**
☐ E/F _____
☐ G _____

2.2 **Cypress Urgent Care, Inc.** **6876 Katella Ave.**
Cypress, CA 90630

Opus Bank

☒ D **2.4**
☐ E/F _____
☐ G _____

2.3 **Dr. Robert C. Amster** **32 Drakes Bay Drive**
Corona Del Mar, CA 92625

Opus Bank

☒ D **2.3**
☐ E/F _____
☐ G _____

2.4 **Dr. Robert C. Amster** **32 Drakes Bay Drive**
Corona Del Mar, CA 92625

Opus Bank

☒ D **2.4**
☐ E/F _____
☐ G _____

2.5 **Your Neighborhood Urgent Care, LLC** **P.O. Box 8979**
Newport Beach, CA 92658

Opus Bank

☒ D **2.3**
☐ E/F _____
☐ G _____

Debtor Laguna Dana Urgent Care Inc.

Case number (if known) 8:17-bk-13090

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Your Neighborhood Urgent Care, LLC	P.O. Box 8979 Newport Beach, CA 92658	Opus Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Talbert Medical Group	1665 Scenic Ave Ste 100 Costa Mesa, CA 92626	Healthcare Partners	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.49</u>
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Fill in this information to identify the case:

Debtor name Laguna Dana Urgent Care Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13090

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2017 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$744,022.97

For year before that:
From 8/01/2015 to 7/31/2016

☒ Operating a business
☐ Other _____

\$1,851,009.00

For the fiscal year:
From 8/01/2014 to 7/31/2015

☒ Operating a business
☐ Other _____

\$1,551,351.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Laguna Dana Urgent Care Inc.**Case number (if known) **8:17-bk-13090**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Attachment to SOFA No. 3.		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Dr. Robert C. Amster 32 Drakes Bay Drive Corona Del Mar, CA 92625 Owner/President	Various Dates	\$58,536.00	Salary/Compensation for Services
4.2. Jennifer Amster 822 E Lomita Ave. Orange, CA 92867 Daughter of Dr. Robert C. Amster, the owner of the Debtor	Various Dates	\$33,912.00	Salary/Compensation for Services
4.3. Faye Amster 32 Drakes Bay Drive Corona De. Mar Wife of Dr. Robert C. Amster, the owner of the Debtor	Various Dates	\$8,258.00	Salary/Compensation for Services

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Opus Bank v. Hoag Urgent Care-Tustin, Inc., et. al. 30-2017-00912132-CU-BC-CJC	Civil	Orange County Superior Court 700 W Civic Center Dr. Dept. C16 Santa Ana, CA 92701	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and Address	Describe the property	Value
Opus Bank Buchalter (Attention: Barry Smith) 1000 Wilshire Boulevard, Suite 1500 12th Floor Los Angeles, CA 90017-2457	Various assets and property of the Debtor.	Unknown
	Case title Opus v. Laguna Dana, et. al. Case number 30-2017-00912132-CU-BC-CJC Date of order or assignment May 25, 2017	Court name and address Orange County Superior Court 700 W Civic Center Dr. Dept. C16 Santa Ana, CA 92701

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	BakerHostetler 11601 Wilshire Boulevard, 14th Floor Los Angeles, CA 90025		August 1, 2017	\$10,000.00
	Email or website address amcdow@bakerlaw.com			
	Who made the payment, if not debtor? Dr. Robert C. Amster			
11.2.			\$6,666.67 7/28/2017 \$1,666.67 7/24/2017 \$1,666.67 7/19/2017 \$833.33 4/27/2017 \$833.33 4/7/2017	\$11,666.67
	Force Ten Partners 20341 Birch Street, Suite 220 Newport Beach, CA 92660			
	Email or website address			
	Who made the payment, if not debtor? Radiant Physicians Group, Inc.			
11.3.			\$583.33 12/30/2016 \$583.33 12/16/2016 \$1,166.67 11/10/2016 \$500.00 9/28/2016 \$500.00 9/21/2016 \$833.33 8/30/2016	\$4,166.67
	Force Ten Partners 20341 Birch Street, Suite 220 Newport Beach, CA 92660			
	Email or website address			
	Who made the payment, if not debtor? Your Neighborhood Urgent Care, LLC			
11.4.	Force Ten Partners 20341 Birch Street, Suite 220 Newport Beach, CA 92660		10/19/2016	\$500.00
	Email or website address			
	Who made the payment, if not debtor? Cypress Urgent Care			

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.5.	Winthrop Couchot Golubow Hollander, LLP 660 Newport Center Dr. Newport Beach, CA 92660		\$1,666.67 10/3/2016 \$1,666.67 11/4/2016	\$3,333.33
	Email or website address			
	Who made the payment, if not debtor? Your Neighborhood Urgent Care, LLC			
11.6.			\$833.33 1/30/2017 \$833.33 2/17/2017 \$833.33 3/1/2017 \$833.33 3/13/2017 \$833.33 3/24/2017 \$833.33 4/7/2017 \$833.33 4/27/2017 \$8,333.33 5/27/2017	\$14,166.67
	Winthrop Couchot Golubow Hollander, LLP 660 Newport Center Dr. Newport Beach, CA 92660			
	Email or website address			
	Who made the payment, if not debtor? Radiant Physicians Group, Inc.			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 18231 Irvine Blvd., #204 Tustin, CA 92780	Previous Mailing Address

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Laguna Dana Urgent Care Inc. 24060 Camino Del Avion, Suite A Dana Point, CA 92629	Providing urgent care, medical and wellness services to patients of all ages.	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 2560 Bryan Ave., Suite A Tustin, CA 92782	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Personal information and medical records.

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

- ☒ No Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Laguna Dana Urgent Care Inc.**Case number (if known) **8:17-bk-13090****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Wells Fargo Bank, N. A. 2540 Main Street Irvine, CA 92614	XXXX-7905	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	2016	Unknown

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed
25.1. Laguna Dana Urgent Care Inc. 24060 Camino Del Avion, Suite A Dana Point, CA 92629	Providing urgent care, medical and wellness services to patients of all ages.	EIN: 95-3391563 From-To July 1979 - Present

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Joe Gaglio, CPA 16512 Burke Lane Huntington Beach, CA 92647-4538	2011 - present
26a.2. Kristin Walsh Consulting 46 Serenity Irvine, CA 92618	March 2017 - Present
26a.3. Kevin Hartley Adaptive CPA 1240 E Ontario Ave #102 Corona, CA 92881	August 2016 - Present

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

Name and address	Date of service From-To
26a.4. Hall & Associates 18101 Von Karman Ave Ste 1290 Irvine, CA 92612	June 2016 - September 2016

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. Brian Weiss Force Ten Partners 20341 Birch Street, Suite 220 Newport Beach, CA 92660	2016-2017

Name and address	Date of service From-To
26b.2. David P. Stapleton Stapleton Group 515 South Flower Street 36th Floor Los Angeles, CA 90071	The State Court appointed receiver May 25 2017 - petition date

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Kevin Hartley Adaptive CPA 1240 E Ontario Ave #102 Corona, CA 92881	
26c.2. Kristin Walsh Consulting 46 Serenity Irvine, CA 92618	
26c.3. Hall & Associates 18101 Von Karman Ave Ste 1290 Irvine, CA 92612	
26c.4. Joe Gaglio, CPA 16512 Burke Lane Huntington Beach, CA 92647-4538	
26c.5. Brian Weiss Force Ten Partners 20341 Birch Street, Suite 220 Newport Beach, CA 92660	
26c.6. Stapleton Group David P. Stapleton 20341 Birch Street, Suite 220 Newport Beach, CA 92660	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

☐ None

Name and address

26d.1. **Opus Bank**
19900 MacArthur Boulevard
12th Floor
Irvine, CA 92612

26d.2. **Global Capital Markets**
19100 Von Karman Ave
Suite 950
Irvine, CA 92612

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	David P. Stapleton (the State Court Appointed Receiver)	June 2017	Unknown

Name and address of the person who has possession of inventory records

David P. Stapleton
Stapleton Group
515 South Flower Street
36th Floor
Los Angeles, CA 90071

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dr. Robert C. Amster	32 Drakes Bay Drive Corona Del Mar, CA 92625	President / Director/ Sole Shareholder	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Debtor **Laguna Dana Urgent Care Inc.**

Case number (if known) **8:17-bk-13090**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	See Response to SOFA No. 4. See also Attachment to SOFA No. 30.			
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

American Funds

EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 25, 2017**

/s/ Dr. Robert C. Amster

Signature of individual signing on behalf of the debtor

Dr. Robert C. Amster

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Attachment to SOFA No. 3

	Type	Date	Name Address	Name City	Name State	Name Zip	Name Phone #	Amount
Medline								
	Bill Pmt -Check	05/12/2017	Dept LA 21558 Pasadena, CA 91185	Pasadena	CA	91185	1-800-633-5463	-2,850.26
	Bill Pmt -Check	05/26/2017	Dept LA 21558 Pasadena, CA 91185	Pasadena	CA	91185	1-800-633-5463	-1,865.94
	Bill Pmt -Check	06/23/2017	Dept LA 21558 Pasadena, CA 91185	Pasadena	CA	91185	1-800-633-5463	-2,234.40
	Bill Pmt -Check	06/30/2017	Dept LA 21558 Pasadena, CA 91185	Pasadena	CA	91185	1-800-633-5463	-2,596.48
Monarch Beach Promenade								
	Bill Pmt -Check	05/01/2017	One Upper Newport Plaza Newport Beach, CA	Newport Beach	CA	92660	949-463-6811	-12,256.36
	Bill Pmt -Check	06/12/2017	One Upper Newport Plaza Newport Beach, CA	Newport Beach	CA	92660	949-463-6811	-12,256.36
	Bill Pmt -Check	07/01/2017	One Upper Newport Plaza Newport Beach, CA	Newport Beach	CA	92660	949-463-6811	-12,256.36
Pamela D. Van Heuver								
	Bill Pmt -Check	05/05/2017	11 Auvergne Newport Coast, CA 92657	Newport Coast	CA	92657	949-644-1600	-2,000.00
	Bill Pmt -Check	05/20/2017	11 Auvergne Newport Coast, CA 92657	Newport Coast	CA	92657	949-644-1600	-2,000.00
	Bill Pmt -Check	06/02/2017	11 Auvergne Newport Coast, CA 92657	Newport Coast	CA	92657	949-644-1600	-2,000.00
	Bill Pmt -Check	06/16/2017	11 Auvergne Newport Coast, CA 92657	Newport Coast	CA	92657	949-644-1600	-2,000.00
	Bill Pmt -Check	06/30/2017	11 Auvergne Newport Coast, CA 92657	Newport Coast	CA	92657	949-644-1600	-2,000.00
	Bill Pmt -Check	07/28/2017	11 Auvergne Newport Coast, CA 92657	Newport Coast	CA	92657	949-644-1600	-2,000.00
Radiant Physician Group								
	Check	05/31/2017						-88,000.00
	Check	06/30/2017						-11,973.79
	Check	06/30/2017						-23,260.44
	Check	07/24/2017						-7,330.92
	Check	07/31/2017						-23,776.21
Woodrow P. Wilson, MD								
	Bill Pmt -Check	05/05/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-6,250.00
	Bill Pmt -Check	05/20/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-3,500.00
	Bill Pmt -Check	06/02/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-3,500.00
	Bill Pmt -Check	06/16/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-3,940.00
	Bill Pmt -Check	06/30/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-4,200.00
	Bill Pmt -Check	07/14/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-5,500.00
	Bill Pmt -Check	07/28/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-3,500.00
	Bill Pmt -Check	07/28/2017	24092 Atun Monarch Beach, CA 92629	Monarch Beach	CA	92629	949-248-8900	-1,375.00
Stapleton Group (Receiver)								
	Check	08/02/2017	514 Via de la Valle, Suite 206, CA 92075	Solana Beach	CA	92075		-19,480.50

Attachment to SOFA No. 30

[illegible]

[illegible]

Name *	Address	Amount of Payment	Date	Reason for Payment
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (2,200.00)	12/7/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (2,000.00)	12/8/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Hoag Urgent Care – Tustin, Inc.	2561 Bryan Ave., Suite A, Tustin, CA 92780	\$ (1,677.66)	12/9/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (8,189.03)	12/9/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (2,100.00)	12/15/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (1,300.00)	12/15/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Cypress Urgent Care, Inc.	6876 Katella Ave., Cypress, CA 90630	\$ (3,273.45)	12/20/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Cypress Urgent Care, Inc.	6876 Katella Ave., Cypress, CA 90630	\$ (35.00)	12/20/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Hoag Urgent Care – Tustin, Inc.	2561 Bryan Ave., Suite A, Tustin, CA 92780	\$ (5,300.00)	12/20/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Hoag Urgent Care – Tustin, Inc.	2561 Bryan Ave., Suite A, Tustin, CA 92780	\$ (2,800.00)	12/20/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (7,850.00)	12/21/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (3,000.00)	12/22/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (23,000.00)	12/27/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (4,100.00)	12/29/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (2,060.66)	12/29/2016	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (500.00)	2/9/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	2/28/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (70.00)	3/9/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (7,269.03)	3/10/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	3/13/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (35.00)	3/16/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	3/17/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	3/24/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (3,000.00)	3/27/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (1,000.00)	3/30/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (10,000.00)	4/4/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (8,000.00)	4/7/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	4/13/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (10,000.00)	4/28/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	5/12/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (5,000.00)	5/15/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (15,075.47)	6/12/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (8,184.97)	6/26/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses
Radiant Physician Group, Inc.	P.O. Box 8979, Newport Beach, CA 92658	\$ (7,330.92)	7/24/2017	To fund Debtor's payroll and/or Debtor's various other operating expenses

* In the interest of full disclosure only, the Debtor is identifying the transfers herein. However, the Debtor reserves all right with respect to whether these transfers were made to insiders within the meaning of 11 U.S.C. Sec. 101(31). In addition, the Debtor is in the process of engaging a forensic tax accountant to analyze the prior tax returns and financials for each of the Debtors from inception to present. In the event that this analysis demonstrates that there are additional funds transferred between any of the Debtors and/or affiliated entities, the SOFA will be amended as necessary and appropriate.

United States Bankruptcy Court
Central District of California

In re **Laguna Dana Urgent Care Inc.**

Debtor(s)

Case No. **8:17-bk-13090**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	16,666.66
Prior to the filing of this statement I have received	\$	10,000.00
Balance Due	\$	6,666.66

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Dr. Robert C. Amster (the balance due was paid post-petition from Dr. Robert C. Amster)**

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify): **Estate funds on a moving forward basis.**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 25, 2017

Date

/s/ Ashley M. McDow, Esq.

Ashley M. McDow, Esq. 245114

Signature of Attorney

BakerHostetler

11601 Wilshire Boulevard, 14th Floor

Los Angeles, CA 90025

310.820.8800 Fax: 310.820.8859

amcdow@bakerlaw.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos.,
 State Bar No. & Email Address
Ashley M. McDow, Esq.
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310.820.8800 Fax: 310.820.8859
 California State Bar Number: **245114**
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FOR COURT USE ONLY

☐ Debtor(s) appearing without an attorney

☒ Attorney for Debtor

**UNITED STATES BANKRUPTCY COURT
 CENTRAL DISTRICT OF CALIFORNIA**

In re:

Laguna Dana Urgent Care Inc.

CASE NO.: **8:17-bk-13090**CHAPTER: **11**

**VERIFICATION OF MASTER
 MAILING LIST OF CREDITORS - FIRST AMENDED**

[LBR 1007-1(a)]

Debtor(s).

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 50 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: August 25, 2017/s/ Dr. Robert C. Amster

Signature of Debtor 1

Date: _____

 Signature of Debtor 2 (joint debtor)) (if applicable)Date: August 25, 2017/s/ Ashley M. McDow, Esq.

Signature of Attorney for Debtor (if applicable)

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Burbank, CA 91506

Access Medical Management
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Burbank, CA 91506

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Action 1st Loss Prevention
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Dana Point, CA 92629

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Orange, CA 92868

ADOC Medical Group
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Orange, CA 92868

ADOC Medical Group
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Blue Cross Of Blue Shield Pathway Tiered
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Blue Shield
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